

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42261**
Registrar's No. **10958**

FILED NOV 22 1957

BIRTH NO. _____		REG. DIST. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10958	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION 01 4982 TYROLEAN				d. STREET ADDRESS (If rural, give location) 4982 TYROLEAN			
3. NAME OF DECEASED (Type or Print) a. (First) EMMA		b. (Middle) _____		c. (Last) LICHT		4. DATE OF DEATH (Month) (Day) (Year) NOV 15 1957	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH JAN 1 1869	
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) CHICAGO ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME BERNARD DOERING		13b. MOTHER'S MAIDEN NAME SOPHIE GREENSFELDER		14. NAME OF HUSBAND OR WIFE ABRAHAM LICHT (Dec'd)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME FLORENCE BAUER			
				ADDRESS 4982 TYROLEAN			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION coronary occlusion I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion arteriosclerosis-generalized ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis Generalized DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.1				INTERVAL BETWEEN ONSET AND DEATH 10 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19 57 , to Oct , 19 57 , that I last saw the deceased alive on Oct 10 , 19 57 , and that death occurred at 1:24 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Harold Freedman (Degree or title) MD M.D.				23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 11/15/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE NOV 18 1957		24c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO	
DATE REC'D BY LOCAL REG. NOV 16 57		REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutia			
				ADDRESS 2906 Gravois			

S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

all 2-6206

1-3-Start
1-5 Fri

Handwritten: 1/11/11
Harris 8/11/11 13/11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Signed _____
Student Embalmer No. _____

Licensed Embalmer No. 4347

P. O. Address: 2906 Harris

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.